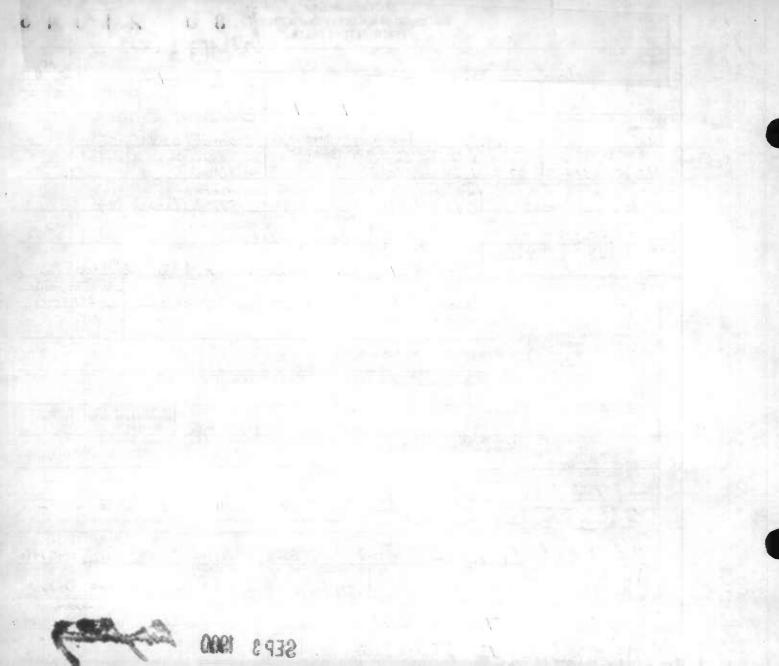
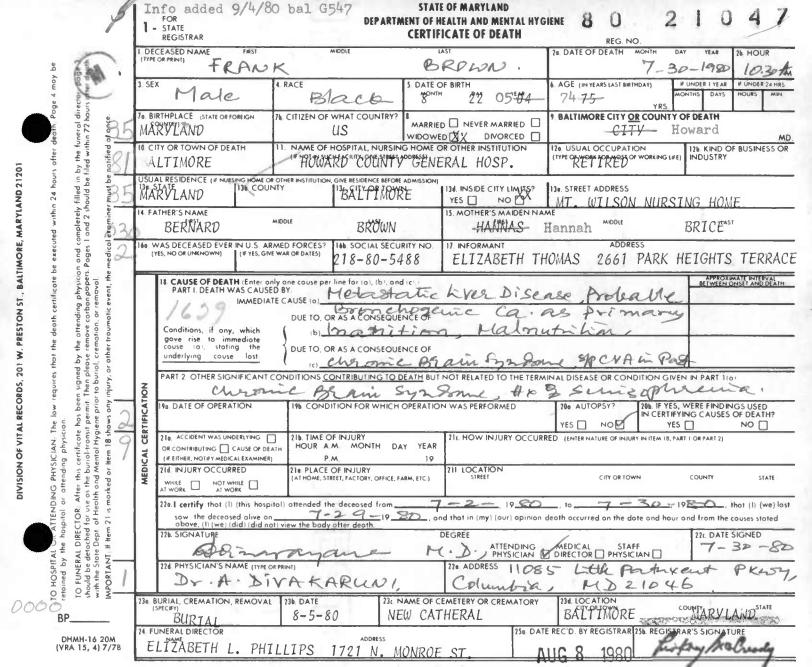
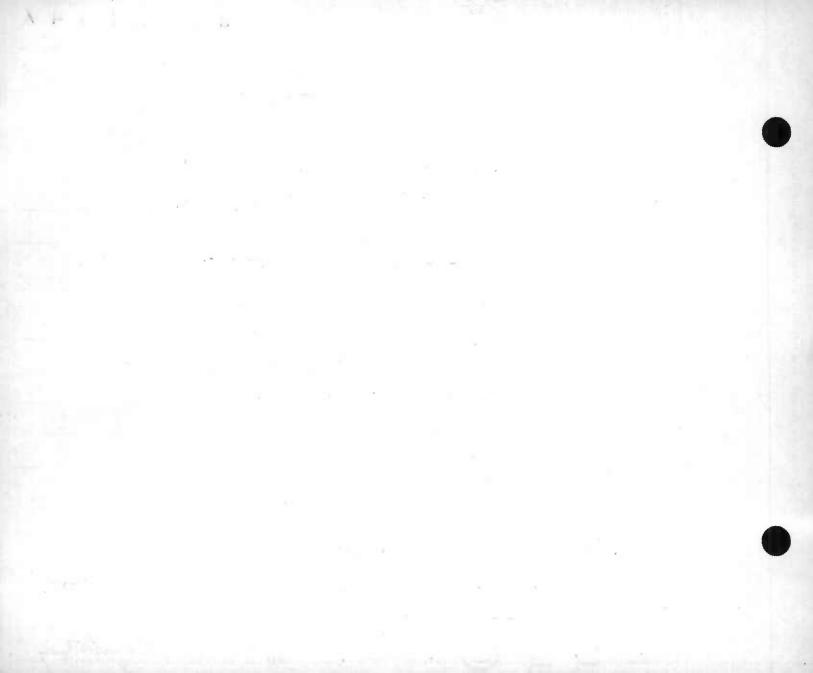
X	'	REGISTRAR				CERTIFICATE	OF DEATH	REG. N	10.		
		CEASED NAME	FIRST	MIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	26. HOUR
8 6 5	(1117)	OR PRINT)	lana	2		Benny		August 20	1980		600
	3. SE	x		RACE		S. DATE OF BIRTH		AGE TIN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 2
4 (14/4)	1	,	CONT.	1 . ,		MONTH C	YEAR	(1)	1000	AONTHS DAYS	HOURS
X 5 2		PMCLE ISTATE OF	FOREIGN 7h	CITIZEN OF WHA	T.COLINTRY?	9 12	+ 15	9 BALTIMORE CITY	YRS.	OFDEATH	
	(OUNTRY)	TOREIGN	CITIZEN OF WITA	1 COOMMIN.		VER MARRIED	II I	OR COUNTY	OI DEATH.	
	10.6	Itah ITY OR TOWN OF D		11. S.A.	ATAL AUGSTAL	WIDOWED THER	DIVORCED [HOWARD	ounty		
the with	10 0	II Y OR IOWN OF D	EAIH	(IF NOT IN SUCH FACE			INSTITUTION	(TYPE OF WORK FOR MOST		12b. KIND O	IF BUSINES
filed filed	3	Wicott (itu	9309 Mil	lbrook			Auditor		0.00	't.
De fi	13e	AL RESIDENCE (1179)	ITSING HOME OR OTH	ER ÍNSTITÚTION, GIVE I	RESIDENCE BEFORE	ADMISSION)	IDE CITY LIMITS?	13. STREET ADDRESS		ð	
E2 (5) 7	M	anuband	Howard		Licott	City YES	_	9309 Mil	Uhrok!	Road	
completely 1 and 2 shour medical exam		ATHER'S NAME		0		IS. MOT	HER'S MAIDEN NA	ME		2 W 3 1 1 2 3 1	
do do	C	mue / // S	mith	DLE	LAST	Щ	FIRST Chai	ntennen.		LAS	T
completel and 2 sh		MUEL W. M		D FORCES? 166	SOCIAL SECUI		anna Chri	ADDR	ESS		
and and ages	(YES, NO OR UNKNOWN)	(IF YES, GIVE WA		0 0= 0	72.0 1	7 .	M 0	0200 /	h · / // .	.401
E 9		no			8-05-9	21 Ivr	. francis	M. Berry	9309 1	Millbro	MATE INTERVI
		PART I. DEATH	VTH (Enter anly a WAS CAUSED B	Y. ()		(1			BETWEEN	ONSET AND DE
9 E - 1 E		1110	IMMEDIATE C	AUSE (a)	rcinon	13 01	lung wi	no melasta	5 (3	od i	2 4 6 EN
arbo , or		1629		DUE TO, OR AS	A CONSEQUE	NCE OF				1 7 20	
		Conditions, if or		(b)							
the att emove remation other		gave rise to in		DUE TO, OR AS	A CONSEQUE	NCE OF					
l by sse re al, cr		underlying cau	se lost.	(c)							
gnec		PART 2 OTHER SIG	GNIFICANT CON	DITIONS CONTR	IBUTING TO D	EATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE OR COM	NDITION GIV	EN IN PART 1	D I
Pen si Then r to ny u	Z O										
s been nit. The prior to ws any	CERTIFICATION	190 DATE OF OPER	ATION	196. CONDITION	FOR WHICH	PERATION WAS P	ERFORMED	200 AUTOPSY?		, WERE FINDI	
r si si si	臣							YES NO		YING CAUSES	OF DEATH
rectificate has certificate has transit perm tal Hygiene I Item 18 show	12	210 ACCIDENT WAS U	INDERLYING	21b. TIME OF INJ	URY	21c HO	W INJURY OCCUR	RED (ENTER NATURE OF IN)			
Sertifi Sertifi trans rtal H Item		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M	MONTH DA			(* * * * * * * * * * * * * * * * * * *		,	
or deris	MEDICAL	(IF EITHER, NOTIFY MED		P.M.		19	CATION				
After the street the street and North and Nort	NA NA	216 INJURY OCCU	WHILE	21e PLACE OF IN			TREET	CITY OR TO	NWO	COUNTY	STATE
	-	AT WORK	WORK U								
TOR: use a Heal	1	220.1 certify that				7.	19.76	10 /tugust	- 30		that (I) (we
7 2 2		saw the deced	sed alive on	Hugus +	deoth 19	ond that in	(my) (our) opinion	death occurred an the	date and hou	r ond from the	causes state
A = COOE		226 SIGNATURE	4	ew the body differ	Ocom.	DEGREE				22c. DATE	SIGNED
OR A lospit.		ZZE JOSTANIONE		1	/	.)	ATTENDING	MEDICAL STA	FF		
he hospith L DIREC sached for e Dept. o T; If Item		101	11/1	el	(.	Mary S	DUVERCIANI D			1/1/10	L 30 1
by the hospit ERAL DIREC detached for State Dept. o ANT: If Item		10 U	MAME ITUDE OR DE	I cay	Ch	1220 AD	PHYSICIAN &	DIRECTOR PHYS		Mug	1-30.1
ted by the hospital of the State Dept. ONE FRAL DIRECT A State Dept. ORTANT: If Item		424 PHYSICIAN'S	NAME (TYPE OR PR	7 1	(n	22e AD		DIRECTOR PHYS		Magn	
triangle of the property of th		10 U	NAME (TYPE OR PR	Eylor m		599	oress 9 Harpers A	Erm Rd (re mp	
retained by the hospital retained by the hospital TO FUNERAL DIREC should be detached for with the State Dept. o IMPORTANT: If Item	23a.	424 PHYSICIAN'S ICLAM'S ICLAM'	es 6.1	Zylor m 236. DATE	23c N	599	DRESS 9 Horpers F OR CREMATORY	DIRECTOR PHYS	CIAN .		2104
retained by the hospital of th	23a.	424 PHYSICIAN'S I	CS E-T	aylor m	23c N	599	DRESS 9 Horpers f OR CREMATORY LOCESS.	DIRECTOR PHYS From Rd. (1) 1381. LOCATION CITYOR TOWN (atons)	shink		2104
retained by the TO FUNERAL should be deta with the State IMPORTANT:	24. F	AZI PHYSICIAN'S I Charl BURIAL, CREMATION SPECIFY)	es E-T	24/or m 236. DATE 8/31/80) 231 N	599. AME OF CEMETERY ECUTITY P	ORESS OR CREMATORY POCESS 1250 DAT	DIRECTOR PHYS From Rd. (1) 1234. LOCATION CITY OF TOWN (atons)	shink		2104



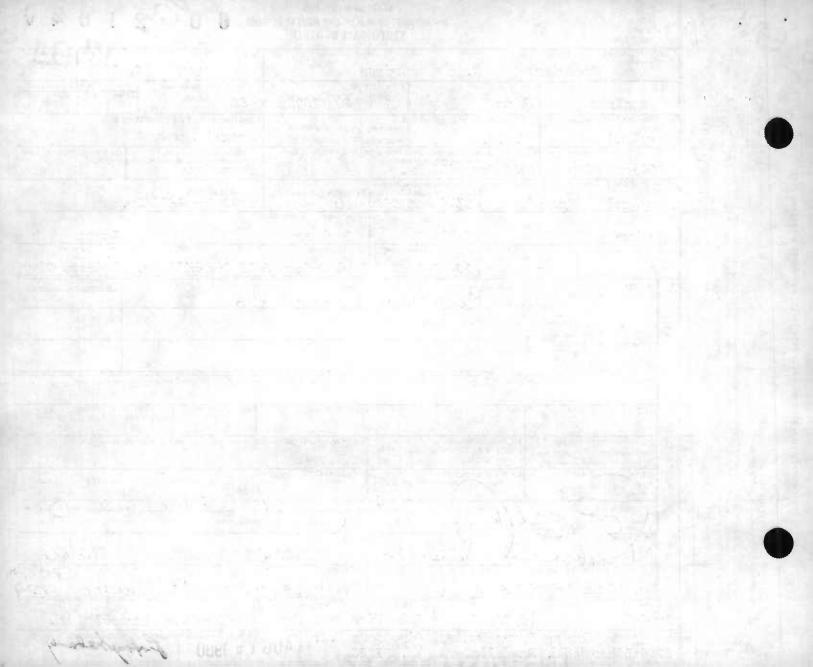




Victor of perdien very Company of the compan

8728 Liberty Rd. Randallstown, Md. 21133

(VRA 15, 4) 1/79



600 Siles ean mark the captures are the captures of the captures V - where we would not not be the contract of Mandan L. Commission of the Co

ALLES - I, II. III TO THE STATE OF THE STATE

And the terms of the terms

17.60 The manufacture of the A DESCRIPTION OF THE STATE OF

		1
6	150)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

R	0	
9	0	

1	STATE REGISTRAR		EALTH AND MENTAL HYG ICATE OF DEATH		4 1	0 2 0
1 08	CEASED NAME . FIRST	MIDDLE	AST	REG. NO		AR 2b. HOUR
	E OR PRINTI		1	M. DAIL OF BLATT	0 / 1	0 615
	Lillian	COOPERFA	SIES		0-6-5	SOSPN
3. SE	X 4	RACE S. DATE O		6. AGE (IN YEARS LAST BIRTH		
	Female	W MONTH	- 25 - 08	72	YRS.	DAYS HOURS MIN
	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEAT	jH
	Cuba	USTI WIDOWE	D DIVORCED	×,	to ward	COUNTYMO
10.0	TITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME O	ROTHER INSTITUTION Las	120 USUAL OCCUPATIO		ND OF BUSINESS OR
Ce	lumbia, MU.	Lonien Nos. Home	plumbia, 40	THE OF WORK PORTING	The The	EACHER
13a.	STATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) And ELLICOTT C. Ty	THE INSIDE CITY LIMITS?	BOSTREET AUBRESS 7	o On.	OF THE STATE OF TH
14 F	ATHER'S NAME		15. MOTHER'S MAIDEN NA			
	PIRST UNK	NOWN LAST	So PhiE	MODIUS	SEIB	ERT
		D FORCES? 166. SOCIAL SECURITY NO.	IT INFORMANT	ADDRES	The motor	- 70.
	YES, NO OR JINKNOWN) (IF YES, GIVE WA	215-30-2284	W. GREGORY F	RIES SAL	shuter MA	14.21801
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	ane cause per line far (a), (b), and (c)	1-0		BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	IMMEDIATE (6 0 1 h11 m / n 1	allare		-	
	1749	DUE TO, OR AS A CONSEQUENCE	+ + . 1	, .	Wagner and	40-11
	Canditians, if any, which	(b) Chance	nucline ku	na alesean	_	peris
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		in	active	1970, 1930
	underlying cause last	metastatic	breast carc	mana, Tul	recubera	1910, 1730
	PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PAI	RT 1(a)
CERTIFICATION	Rectal can	icenoid - Resected	1976- Col	antonin		
18	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	70e. AUTON Y7	206. IF YES, WERE FI	
Ĕ		CONTRACTOR OF THE PROPERTY OF		YESTI NOTI	IN CERTIFYING CAL	NO I
=	210. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY	21c HOW INJURY OCCUR	hand hand		
1	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR				
EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19				
Ð	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNT	Y STATE
1	AT WORK AT WORK				10-11	
	220.1 certify that (1) (this haspital)	attended the deceased fram	, 19	, to	. 19	, that (1) (we) last
	saw the deceased alive on above. It was tidd tidd not a	iew the body after death.	d that in (my) (our) apinian	death occurred an the da	te and haur and from	n the causes stated
	276 SIGNATUR		DEGREE		22c. C	DATE SIGNED
	(Had	Carper (11)	ATTENDING PHYSICIAN II	DIRECTOR PHYSICI		12/80
1	THE NAME OF THE		177# ADDRESS	DINECTOR LINISIC	19	700

BP.

injury, or other troumatic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shows any

23b. DATE 8-9-80 23a. BURIAL, C 1 SPECIFY OR CREMETERY OR CREME DHMH - 16 50M 7/77 (VR A 15 (4))

CREMATION, REMOVAL

COOPER, MD.

23d LOCATION CITY OR TOWN

STATE

A-Way Cook to Fred THE REPORT OF SELECTION AND ASSESSED. To an price Complement in the Charles of the property of the second Buddle Ball and Mark State of the State of t BORD LITTLE WAR TO THE WAR TO SHEET A LITTLE BORD

W		ECEASED NAME FIRST Madelin	MIDDLE E.	Hor	nig	Aug. 8, 1980	2b. HO!
director, persons others	3 SE	Female	4 RACE White	NOV		64 YRS	HOURS
within 72 hoursied of once.	L	BIRTHPLACE (STATE OR FOREIGN EQUINTRY) Balto. Md.	76 CITIZEN OF WHAT COUNTI USA	MARRIE		9 BALTIMORE CITY OR COUNTY OF DEATH Howard Co.	
by the filed will	El	licott City Md.	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI 2900 Normandy	Drive	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Supervisor C. & P. T.	
should be ner must be	13a	JAL RESIDENCE (IF NURSING HOME OF STATE 13b COUN Md. Howa	VTY 13c City OR T	OWN	13d INSIDE CITY LIMITS? YES NO 🔟	13e STREET ADDRESS 2900 Normandy Drive	
completely 1 and 2 sh offexamine	14. F	ATHER'S NAME FIRST James	MIDDLE Kehl LAST		15 MOTHER'S MAIDEN NA FIRST	ME MIDDLE Beres	
rs. Poges 1		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SI E WAR OR DATES)	ECURITY NO.	17 INFORMANT 2900 Mr. Karl G. I	Normandy Drive Ellicott C. Hornig Md. 21043	
d by leose iol, cre or othe		couse to, stoting the underlying couse lost	DUE TO, OR AS A CONSE	OUENCE OF		U	
been signed mit Then ples prior to burio ony injury, or	IFICATION	underlying couse lost	(c)	TO DEATH BUT		AINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 200 IF YES, WERE FINDING IN CERTIFYING CAUSES C	F DEA
onsit permit. Then plea Hygiene prior to burio 8 shows ony injury, or	AL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER 2	196 CONDITION FOR WH 216. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT ICH OPERATIO DAY YEAR	n was Performed	200 AUTOPSY? 20b. IF YES, WERE FINDING	F DEA
rns centracie has been signed the buriol-transit permit. Then ple and Mental Hygiene prior to burio d or Item 18 shows any injury, or	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT (196 CONDITION FOR WH 216. TIME OF INJURY HOUR A.M. MONTH	ICH OPERATIO DAY YEAR 19	n was Performed	200 AUTOPSY? 200 IF YES, WERE FINDING IN CERTIFYING CAUSES C	NO [
TOR. After this certificate has been signed for use as the burial-transit permit. Then ples of Health and Mental Hygiene prior to buria. 21 is marked or Item 18 shows any injury, or		Underlying couse lost PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSA CAUSE OF DEA ((IF EITHER, NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify thot (1) (this hosping sow the deceased olive on oppose 1) well (alid) (did not on oppose 1) (alid) (did not on oppose 1) (alid) (did not oppose 1) (did not oppose 1) (alid) (did not oppose 1) (alid) (did not oppose 1) (did	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	TO DEATH BUT ICH OPERATIO DAY YEAR 19 ICE, FARM, ETC.)	216 HOW INJURY OCCUR	200 AUTOPSY? 20b IF YES, WERE FINDING IN CERTIFYING CAUSES O YES VES (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	NO [
DIRECTOR: After this certificate has been signed oched for use as the buriol-transit permit. Then ples Dept of Health and Mental Hygiene prior to burio if them 21 is marked or Item 18 shows any injury, or		PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER 2	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19 ice, parm, etc.)	216 HOW INJURY OCCUR 216 LOCATION STREET 19 and that in (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES NOT YES COUNTY OF TOWN COUNTY	NO [
DIRECTOR: After this certificate has been signed sched for use as the buriol-transit permit. Then ples Dept of Health and Mental Hygiene prior to buriof frem 21 is marked or Item 18 shows any injury, or	MEDICAL	Underlying couse lost PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSA CAUSE OF DEA ((IF EITHER, NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify thot (1) (this hosping sow the deceased olive on oppose 1) well (alid) (did not on oppose 1) (alid) (did not on oppose 1) (alid) (did not oppose 1) (did not oppose 1) (alid) (did not oppose 1) (alid) (did not oppose 1) (did	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19 ICE, FARM, ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET 19 19 10 d that in (m) (our) opinion DEGREE ATTENDING	200 AUTOPSY? 200. IF YES, WERE FINDING CAUSES OF YES NOW YES OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY deoth occurred on the date and hour and from the county	NO [

144	5691 .8 . 1980	×214	. Hot	makishali Takan
	49	1. 1, 1915	rol elife	oLere/i
	.00 Energi	2	12.0	Pelfo. 99'.
To F. Val. Voc.	.0 Toetvrout		Normania Victoria	Killicott City Mi. 2500
ayth	d themes 009s	Y.	with franklis	f-гимо f
necos		p. Marie 4	Kehl	egeld.
this thones.	Commence of the arms	one the Yard C.		no

bur. 12, 130 Lorentee Lark 'et. Indicos

G. Truesa Colomb 5151 Selto, estionel 1100 W.G. D 1804

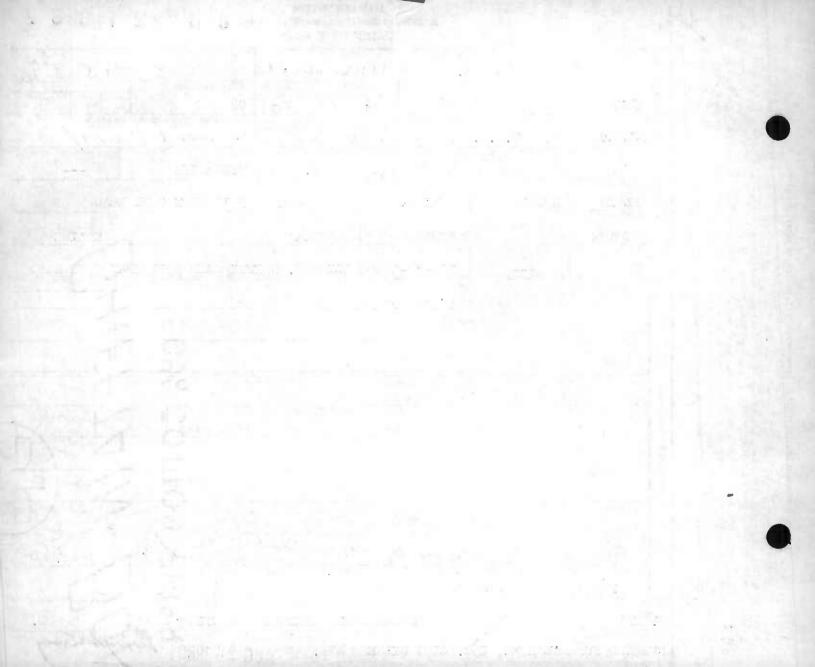
(VR A 15 (4))

	70	20,1906	Suns C	93286		f -din
	bytwoii	X		Usb	0.00	func
astroil	43.44600		Bank drad	RELL RESP		Isans.
haor :	tarden sett	×	ILE	ba	Hotel .	
	Apric Aleine	demanment	relli	a mailin		
forus, taon.	jenden 2002 y	SOUTH TOOLS				0.00
yet r		Orași mis				
Yel t		teen mit				
		teen mit				
Yel t		Trans mil				
Yel t	pm/1-0	Trans mil	nernáh ség navé si my			
Yel t	pm/1-0	Trans mil	nernán ság nové szept galogo sze			
Yel t	pm/1-0	from the	nernés ség nové el est galogo sur			
Yel t	pm/1-0	from the	nernés ség nové el est galogo sur			
Yel t	pm/1-0	from the	nernés ség nové el est galogo sur			
Vel T		from the	nernés ség nové el est galogo sur			
Vel T	pm/1-0	from the	nernie sty			
Vel T		Promis noth	nernie sty			
Vel T		Promis noth	nernie sty			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH 26 HOUR 10,1980 (TYPE OR PRINT) Lorraine Johnson Dorothy 6. AGE (UN YEARS LAST BIRTHDAY) 3. SEX 4 RACE IF UNDER LYEAR IE UNDER 24 HRS YEAR Nearo BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE STATE OR FOREIGN COUNTRY) NEVER MARRIED USA MD DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY COLUMBIA DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 5469 Hound Hill Ct. HOWARN 15. MOTHER'S MAIDEN NAME MIDDLE Brockenbrough Williams Laura 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRES 143-22-0316 Elder Jasper J. Johnson Columbia N (YES NO OR UNKNOWN) no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY. SHOCK CARDIOGENIC IMMEDIATE CAUSE (0) AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating underlying CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED ne pri IN CERTIFYING CAUSES OF DEATH? per NO YES [NO [and Mental Hygie or Item 18 shor 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from Acoust .19 80 , and that ir(iny) (our) opinion death occurred on the date and hour and from the causes stated the body after death DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT should be PATUXENT FARKWAY 11085 23d. LOCATION 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Burial STATE COUNTY 8/15/80 Cheltenham VA Cem Cheltenham 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4))

TANK YEAR OF THE PARTY HAS THE RESERVE ASSESSMENT ASSESSMENT Annual Company of the Cart of No. 42 207 1795 Selections as divining to party or or AUG LE MAN PROPERTY PROPERTY AND AUGUST

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-I nomas 6. AGE (IN YEARS 2d. HOUR IF UNDER 24 HRS DATE 205 PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED 14. FATHER'S NAME MIDDLE MIDDLE ADDRESS (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter anly one cause per line for (a), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. AT WORK AT WHILE EACTORY, FARM, ETC.) 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my opinian Hamicide Undetermined monner death resulted fram: **DHMH-17** (VR A15 ME (5))

STATE OF MARYLAND

The State of the S Allene Le R. Lee Lee Certificant La

1		L		STATE OF MARYLANI	die jung	1 25 50 25
		1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MEI CERTIFICATE OF DEA	ATH	1057
300	酬)	1. DI	CEASED NAME FIRST	MIDDLE LAST	REG. NO.	DAY YEAR 26 HOUR
	25	(TYP	OR PRINT!	D Joseph MACCEU	~	13-80 350P
	d of	3. SE	X MOWA	A RACE S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	for, p		Male	MONTH DAY	YEAR 17	MONTHS DAYS HOURS MIN.
	direc	70 B	IRTHPLACE ISTATE OR FOREIGN	Caucasian 19	9 BALTIMORE CITY OR COUNTY	COEDEATH
	1 28 20 H		OUNTRY)	MARRIED NEVER MAR	RRIED L	
	er der der der der der der der der der d	10.0	aryland ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU		12b. KIND OF BUSINESS OR
- 4		0	1 1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LI	FE) INDUSTRY
	in by the filed	_	AL RESIDENCE HE NURSING HOME	HOWARD Co. GONERAL WOSP.	carpenter	building
	filled in ould be	130	STATE 13b COI	NTY 136 CITY OR TOWN 136 INSIDE CITY		
	shou shou	_	ryland How		o 🖾 7 S. Rogers Ave	
	nd 2 nd 2	111	FIRST	MIDDLE LAST 15 MOTHER'S M		LAST
	omple 1 and		loward	J. Massey, Sr Mary		Smith
	Pages medica	160	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT E WAR OR DATES)	8608 Shith	Ave.
	C . E		no	213 10 4677 H.J.Mass	sev, 3rd. Ellicott Ci	ty, Md. 21043
	al. per			nly one cause per line far (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	a phy on so emov event		PART I. DEATH WAS CAUS	TE CAUSE (a) Carcinom of the	lung	1-zyears
	or r		1629	DUE TO, OR AS A CONSEQUENCE OF		
	attendin nave carb lation, ar i traumatic		Conditions, if any, which	(b)		
- 4	by the		gave rise to immediate cause (0), stating the	DUE TO, OR AS A CONSEQUENCE OF		
OHYCITIANI TL. 1	d by lease of at		underlying couse last.	e e		
		-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIV	'EN IN PART 1(a
	중도요 를	é	Congestive	Seast failure		
	O E d U	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORM		YING CAUSES OF DEATH?
1	orte has shows shows	1 1				S NO
Ž	hysiciar ficate h fransit p Hygier 18 shay		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		RY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, P	PART 1 OR PART 2)
2	oding phoding phoding phoding phoding-tr	N S	(IF EITHER, NOTIFY MEDICAL EXAMINE			
2000	this character of Manager	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21I LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	After 1 alth and marked	2	AT WORK AT WORK	(ATTOMIC, STREET, TACTORI, OTTICE, TARMI, ETC.)		STATE
	A. A	1	22a.1 certify that (1) (this has	tal) attended the deceased from, 1	19 <u>78</u> , to 5/13	1950, that (1) (we) last
TEND	Portal TTOR for us of He 21 is		saw the deceased alive a	19 50, and that in (my) (ou	r) apinion death occurred on the date and hou	r and from the causes stated
9	he he he		226. SIGNATURE	DEGREE		22c. DATE SIGNED
- 2	y the RAL DI detacl cote Do VII. If the		B. H. Ohu	ichen Mind. ATTE	STAFF SICIAN DIRECTOR PHYSICIAN	8/13/80
100	- 0 111 0 -	1	22d. PHYSICIAN'S NAME (TYPE	R PRINT) 22e. ADDRESS		1 1
0	should be with the SIMPORTA		B. H. MINC	hew 7051 BA	ALT. NATL. Pike ; Elli	coff City
5	Pre-	230	SURIAL CREMATION REMOVA		MATORY 23d LOCATION	
	BP		burial	8/16/80 Crest Lawn Mem.	Carden Varriottsville	LOUNTY STATE
DHMH	1 · 16 60M 7/73	24. F	JNERAL DIRECTOR		250. DATE REC'D. BY REGISTRAR 25b. REGIST	
	VR A 15 (4))	STA	CK Funeral Hom	e,Ellicott City, Maryland 21043	MIN D 1980 /	regary Are bready
			OTT TOWNS TO THE TOWN	PHATTAGOOD OTON MIGILATURE STORY	MOSI 6 1000	

the control of the co The Course of th

(VR A 15 (4))

STATE OF MARYLAND

Control Light Book of Selection and Control Selection

ODE TOUR

	١,	FOR			ITE OF MARYLAND HEALTH AND MENTAL HYG	IENE R	21061
	1	STATE REGISTRAR			IFICATE OF DEATH	REG. NO.	
a (7.5/1)		CEASED NAME	prothen	NODIE -	MCLVnn	20. DATE OF DEATH MC	36-80 6 P
ge 4 moy	3 SE	Female	PAGE	5. DAT MO	OF BIRTH DAY YEAR O	6. AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS ME YRS.
death. Po	9	RTHPLACE ISTATE OR FORM OUNTRY) New Jersey	U.		WED DIVORCED	9 BALTIMORE CITY OR 6 Howard Count	
by the fundified within	1	Olumb	10 HOMBE	HOSPITAL, MURSING HOM HEACILITY, GIVE SPEET ADDRESSY	Jeneral Oka	TYPE OF WORK FOR MOST OF W RETIRED	
filled in hould be	Ma	ryland H	G HOME OR OTHER INSTITUTION 36 COUNTY OWERD	GIVE RESIDENCE BEFORE AD AISSIC 134 CITY OR TOWN COLUMBIA	YES NO .	693 Harpers	Farm Road
ompletely 1 and 2 sh		late Charle		LAST	15. MOTHER'S MAIDEN NAM	herine McC	
on ond con ond			U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO 578 18 1621	James M McLy	an 4394 New	
quires that the death costanding the ottending the please remove carbon to burial, cremation, or albury, or other traumaticality, or other traumaticality.	N	underlying cause	which diate the last. (b) DUE TO, OI	R AS A CONSEQUENCE OF PULMOMARY R AS A CONSEQUENCE OF DITRIBUTING TO DEATH B	CAR(IN OMA	nal disease or condit	ION GIVEN IN PART 1(0)
ion. he low relian. hos been if permit. I iene prior lows ony is	CERTIFICATION	190 DATE OF OPERATION	DN 19b. COND1	ITION FOR WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY? 2 YES NO	06. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
phys phys phys phys phys phys phys phys	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	USE OF DEATH HOUR A.I EXAMINER) P.I	M. MONTH DAY YEA M. 19		ED (ENTER NATURE OF INJURY IN	N ITEM 18, PART 1 OR PART 2]
of state	MED	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	E (AT HOME, STR	EET, FACTORY, OFFICE, FARM, ETC.)	214 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ALOR ATTENI the hospital ALDIRECTOR: etoched for us te Dept. of He E. If Hem 21 is		sow the deceased	d) (did not view the body	19	ond that in (my) (MA) opinion a DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	and hour and from the couses stated 22c. DATE SIGNED 3-30-50
OSPI ed b UNE d be fhe S		d. PHYSICIAN'S NAM			22e ADDRESS	DINECTOR PHYSICIAL	NE TO J. VE
should with IMPO	100	BURIAL, CREMATION, RE	MOVAL 1236. DATE		CEMETERY OR CREMATORY	23d. LOCATION	

Mariant District Adely and

the said of the same of the same

settle of the control of the settle of the s

Howard County

La Lo 10st basel os 18ctoy - Lo

The Lot of Malgan M Melgan Specific Cut Id 2100;

Bestsed U.W. Bestsed

for Barbers Level Read



FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

August 28, 1980 1103			6.23
	To the Late	THE RESERVE	
.aa Patero .a tveb		Formar Edge to the	
42.0 F. cogo: 144	The children	and the presi	
Paralloy Institute	#Jincon	eural line	apat.
essieles, MA. Steel	uni officel	No. of the last of	
	ال 7 اساك يا يا		
Armed Harry Die	ine Conto		
0.6 4.30	K.	Will State	Wester W

	1000	TE ISTRAR			MI	DEPARTMENT	NT OF HEA		MENTAL H		a 0	REG. NO.	. 1	0 6	
1 0	EX Ma		Wi Cay	5. 0	DATE OF BIRTH	HUGH YEAR		UNDER 1 YR	A Y IF UNDER HOURS	24 HRS. 20	DEATH MA	TED S	ONTH DAY S-18 ONTH DAY	YEAR 19 ST	26. HC
35	FORM	PLACE (STA	nd		USA	VHAT COUNTRY	8. M	RRIED N	DIVORC	ED 🗆	717 W	ARID	OUNTY OF	CINT	4
Co	lui	nbia		1	Howai	SPITAL, NURSIN	spital	THEK INSTIT	UTION	FOR MO	arpent	ON (TYPE OF V	CO	R INDUSTR R INDUSTR RETTU	icti
13a.	STM	I	13p.	Batti	more	13c. CITY OR		13d. INSIDE YES	CITY LIMITS?	13e STREE	17 ⁰ W1 ⁵ 1	kens 4	Avenue		
14		R'S NAME FIRST Alt	ert l	Murra	DDLE	LAST		15. MOTI	HER'S MAIDE FIRST Car	nname rie G	ordon			LAST	
16a.	WAS (YES, NO	DECEASED O, OR UNKNOW	EVER IN U	J.S. ARMED YES, GIVE WAR	FORCES? OR DATES)		5 6635	17. INFO		ampbe		DDRESS	Maryla	nd	
Z		Canditians gave rise cause (a) s lying cause	ta imm tating the last.	under-	(c)	R AS A CONSEQ			ON GIVEN IN PA		nlar	Chsea	50		
CERTIFICATION	19a	DATE OF C	PERATIO	N	19b. COND	OITION FOR WHIC	CH OPERATION	I WAS PERFO	DRMED?					AUTOPSY?	NON
			OR G CAU	VAS SE OF DEA	TH P.	M. MONTH DAY	YEAR	AULNI WOH	RY OCCURRE	D (ENTER NA	URE OF INJURY	IN ITEM 18 PART	1 OR PART 2)		
MEDICAL	21d. WH AT	INJURY OF		ILE 🗆	21e PLACE STREET, FA	OF INJURY (AT CTORY, FARM, ETC.)	HOME, 21f	STREET			CITY OR TOWN		COUNTY		STAT
~	AC SIG	TUAL SNATURE AMINER'S N PE OR PRIN	I fram: The	Natural co	auses A	escribed abave, h Accident Accident Acc	Suicide	M.D	Inspection inicide (SPECIFY) Sput	Undeteri	Inquiry Innined manner AL EXAMINE	er .	my apinian DATE SIGNED	2-18 211	-8
	(SPECIF	201	ial	OVAL 236. C	ug. 21,	1980 Sa	of CEMETER	or crema			væge,	Maryla		STA	ATE
24.		ral direct		n Fune	eral Mo	me, Laur	el, Md		25a. DATE	G26	SISTAAR 2	Sh JECHAN	The same		

Termitorensi 1,0101 1032 30 .0. .00 noisonnisens engineers; enducas socialis. MALT WILLORS AVENUE Hourou Birms The state of the s 218 05 635 | Ana M. Campbell Serene, heryland burint can M. 1830 Savane Countery TO REVOID & ENCOR Allen i and bil , formal , anon (frame) marel, id

(VRA 15, 4) 1/79

manatava pining finding finding to the state of the state inter como dentido de la como de como to refer to the property of th A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE STREET, AS A STREET, AS A STREET, AS A STREET, AS A STREET,

	1	FOR STATE REGISTRAR			DEPART		ICATE OF	DEATH	SIENE &	REG. NO). 0.	10	0 3
20		ECEASED NAME	FIRST	1 4 7	MIDDLE	i	AST		20. DATE OF D	EATH	HTMOM	DAY YEAR	26 HOUR
(a	1	Lloy	d	Loui	s Q.	Pe	ugh,	Sr.	Augus	t	31.	1980	M
1)	3. SE	X	4.	RACE		5. DATE C		YEAR	6. AGE (IN YEAR	S LAST BIRT	HDAY}	IF UNDER 1 YEAR	IF UNDER 24 HRS
		male		whit	e		. 26,		54		YRS.	MONTHS DAYS	HOURS MIN.
\$7 4	70 E	SIRTHPLACE (STATE OR FORE	ign 7b	CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER	R MARRIED	9. BALTIMORI	CITYO	R COUNT	TY OF DEATH	
\$ C	1	Maryland		U.S.A		WIDOWE	D 0	DIVORCED [Howa	rd C	ount	y	WD
fied	10 0	ITY OR TOWN OF DEATH	4 11	. NAME OF	HOSPITAL, NURSI	NG HOME C	R OTHER IN	STITUTION	12a. USUAL OC	CUPATE OR MOST O	ON F WORKING	12b. KIND C	OF BUSINESS OR
20C		licott City			rchard D				contr			Build	
st be	130	IAL RESIDENCE (IF NURSING STATE	B COUNTY	HER INSTITUTION	GIVE RESIDENCE BEFO		1 13d. INSIDE	CITY LIMITS?	13e STREET AD	DRESS			
ner mes	_		Howard	d	Ellicot	t City		NO 🔽		Orch	ard 1	Drive	
au 2	14 F	ATHER'S NAME	MIDI	DLE	LAST		15 MOTHE	R'S MAIDEN NA		WIDDLE		LA	ST
150		Uraha	W	•	Peugh		L	ıcy				Warfie	
medicol		WAS DECEASED EVER IN	I U.S. ARME		166 SOCIAL SEC	URITY NO.	17 INFORA	MANT	493	7ADBRE	char	d Drive	
e /		ves			217 20 3	2552	Flore	ence Peu	igh Ell	icot	t Cit		21043
£ ,		IN CAUSE OF DEATH	Enter only	one couse per	line for (a), (b), a	nd (c)	- 'n					BETWEEN	ONSET AND DEATH
e ve		PART I. DEATH WAS	MEDIATE (Hepat	a fo	relecc	e			1.0	/	700
ofic o		1519		DUF TO O	R AS A CONSEQU	IENGEOF		0				1	
troum		Conditions, if ony, v		(b)_	Leves	me	task	au				6	Zas
		gove rise to immer	diote the	DUE TO O	R AS A CONSEOL	IENCE ØF	1997		100			,	
r other		underlying couse	lost.	(ic)_	Cartre	Ca	uen	one	MB /		-	6	zuo.
injury, or	NO NO	PART 2 OTHER SIGNIF	ICANT COI	NDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATI	ED TO THE TERM	NINAL DISEASE	OR CON	DITION G	IVEN IN PART 10	01
ony ir	CERTIFICATION	19a DATE OF OPERATIO	N	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a. AUTOP	5Y?		ES, WERE FINDI	
3 7	TE								YES 🗀 1	100		YES []	NO []
18 sho	W W	210. ACCIDENT WAS UNDER		216 TIME C		AY YEAR	21c HOW	INJURY OCCUR	RED (ENTER NATU	RE OF INJUR	RY IN ITEM 18	, PART 1 OR PART 2)	
Hem 1	14	OR CONTRIBUTING CAL		0.007200	AX.	19	100						
o H	MEDICAL	214 INJURY OCCURRED	D	21a PLACE	OF INJURY	100 W. W.	211 LOCAT			ITY OR TOW	m.t	COUNTY	coure
rked	2	WHILE NOT WHILE		THI HOME ST	REET, FACTORY, OFFICE.	FARM, STC.)	SIREE			/ /	414	COUNTY	STATE
mo		22a. I certify that (1) (th	his hospital) ottended th	e deceased fram.		2/00	19		131		19 00	that (I) (we) last
21 is		sow the deceased above, (I) (we) did	alive on	8/27	19_	801.01	d hat in (m	(our) apinion	death occurred	on the do	ote and ha	our and from the	couses stated
tem tem		22h. SIGNATURE	n (ala not) v	new me budy	dieygedii.	21	DEGREE				1777	22c. DATE	SIGNED
ZI. = .		Gel	lom	C Gl	reteste	eld	My	PHYSICIAN E	MEDICAL DIRECTOR	STAF PHYSIC	IAN 🗍	9/	480
with the Stote		22d. PHYSICIAN'S NAM	th C	WAT	spaled	om	77. ADDR	CATRO	GNES	NOS.	1341	y Mid	71220
Shoul With MPO	23e	BURIAL, CREMATION, RE	MOVAL	73E DATE	23c.	NAME OF C	EMETERY OF	R CREMATORY	23d. LOCAT	ION			
		(SPECIFY)		9/4/8				rd Cem.	ET 7 1 o		C34-	COUNTY	STATE
7/77	24. F	UNERAL DIRECTOR	-	21410		3000	1100110	PEN	ROC'D. BY BES	ISTRAR	25% REC-1	STRAP'S ESCA	Marylar
)	S	LACK Funeral	l Home	Ellia.	cott City	Md.	21043	461	0 100	9		7	7
				-		0							and the same of th

	• 72 e 10 116			
	(1)		o Proy	pfac
No red Section 1			b • •	
tulini in the manipulation of		svista bizula	or result	Spell stone
Control (motion) (E.C.)		110 Freder	in in	
Maltes	100			100.00

ares to large and the

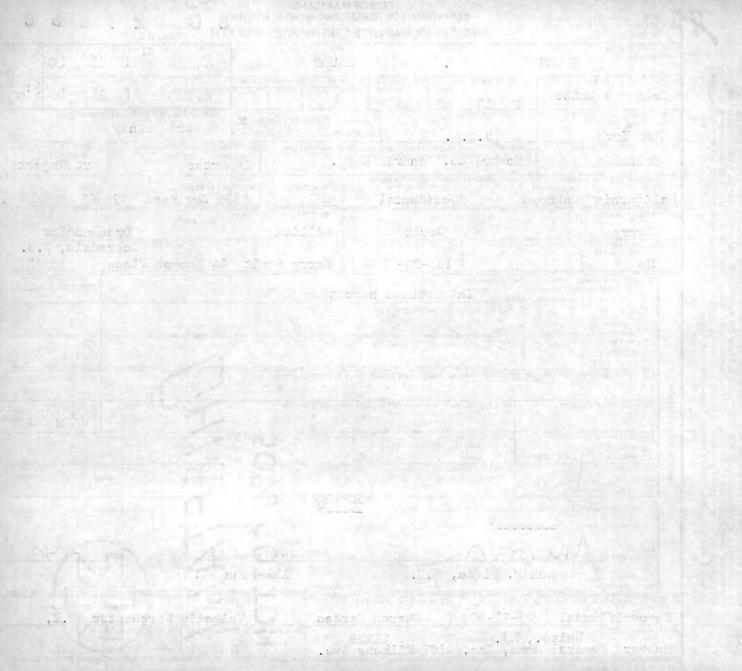
Los sement for , Tileows Diby, d. 1003

1		ems 18 FOR dad STATE	Pt.2	22a		DEPART	MENT OF	HEALTH	AND M	ENTAL H	375			2	0	6	6
7		REGISTRAR	FIRST	3103	MEI	MIDDLE	EXAMIN		ERTIFIC	CATEO			REG. 1				
ľ		E OR PRINT)	JACI	עדע		E.			enson		2 a.	OF	NOWN -	_ 0	29	YEAR 80	2b. H
ŀ	SEX		4. RACE		TE OF BIRTH	.L. •	6. AGE (IN YEA		DER I YR.	IF UNDER 2	24 HRS. 2c.		MATED	HINOW	DAY	19 YEAR	24.4
ſ		ale	negro	MON	TH DAY	YEAR	LAST BIRTHDA	HTHOM (Y		HOURS		DATE CONOUN DEAD	CED	8		1, 80	8 H
7	a. Bl	RTHPLACE (ST		7b. CI	TIZEN OF WH	50 TAT COUN	TRY?	9			9.		ORE CITY	OR COUN			
	FO	REIGN COUNTRY)			USA			WIDOWI		VER MARRIE DIVORCE		Howar	d Co	unty			
1	D CI	TY OR TOWN	OF DEATH	11. N	AME OF HOS	PITAL, NU	RSING HOME	, OR OTHE	R INSTITU		IZa. USUA	L OCCUP		YPE OF WORK	12b. KIN	ID OF BU	SINES
		alto.	/				TREET ADDRESS)				POR MO:	31 OF WORK	ING LIFE)			11400317	()
k	Ja Si	TATE _	IF IN NURSING HON	AE OR OTHER	INSTITUTION, GR	13c_CITY	ORTOWN	ON)	13d. INSIDE CI	ITY LIMITS?	13e. STREE	I ADDRES	SS _				
1		Md.				Ba.	lto.					27 N.	Car	ey St	•		
-	4. FA	THER'S NAME		MIDDE	LE .		LAST		F	R'S MAIDEN	NAME	MI	DDIE		L	AST	
		Tames	EVER IN U.S.	H.	DD CES3	Robi	inson	NO	De:	lores			ADDRES	Bossi	ck		
[(YE	S, NO, OR UNKNO		IVE WAR OR			-64 - 559	1000		res Ro	hine	nn n		N. C	arev	St	
F			DEATH (Enter	anly one	rause per line	1			Delo	165 1/6	NTI IOC	J11	1021	24.		PROXIMATE	INTERV
ı		PARTIDE	ATH WAS CAU	SED BY:	T		vascula	ar si	ckli	ng					BETW	EEN ONSET	AND D
		280	6 IMMED	IATE CAU	00 (0)		SEQUENCE C		.0112.11	447							
I			s, if ony, whi														
1		cause (o)	e to immedia stating the <u>und</u>		DUE TO, OR	AS A CON	SEQUENCE C)F	11 55								
		lying cou	se lost.		(c)												
		PART 2 DTHER SIG	NIFICANT CONDITIO			BUT NOT RELA	TED TO THE TERMI	NAL DISEASE	OR CONDITION	N GIVEN IN PART	T 1 (a).						
	ION		Alcoho	olism		190		ERI			g m				Fig.		
	CERTIFICATION	19a. DATE OF	OPERATION		19b. CONDIT	ION FOR	WHICH OPER	ATION WA	S PERFOR	MED?						UTOPSY?	
-	RTIF	21a EXTERNA	CALISEWAS		21b. TIME OF	IAI II IAV		121. 110	VA/ IN 141 1034	06611005						ES 🔼	NO
		UNDERLYING	OR		HOUR A.M	MONTH	DAY YEAR	ZIC. MO	W INJURY	OCCURRED	(ENTER NAT	URE OF INJU	JRY IN ITEM I	IS PART 1 OR P.	ART 2)		
	MEDICAL	21d INTURY O	CCURRED	OF DEATH	P.M. 21e. PLACE C		19	21f. LOC	ATION						7.95		
	ME	WHILE AT WORK	NOT WHILE		STREET, FACT				REET		(CITY OR TOW	/14	CC	YINUC		STA
						455											
		1.00	y that I took che					Autops		Inspection		Inquiry		and in my o	pinion		
	A	deoth resulte	d from No	otural cous	ses 🖭,	Accident	LJ, Sui	cide 🔲 "	Homic	1	Undetern	mined mo	nner	,			
1		ACTUAL SIGNATURE_	M	1	(ha	Da		M	TITLE (S	recify) istant	t	AL EXAM	IN IED	DATE	ED8-3	0-80	
			1/11	-	1	10	-	M.			MEDIC/	ALEXAM	INEK	SIGN	ED J	3 00	
1		EXAMINER'S I (TYPE OR PRIN	A A	nn M.	Dixor	, M.:	D.		DDRESS_	111	Penn	St.					
2	3a.Bl	JRIAL, CREMAT	ION,REMOVAL	L 236 DA1	TE	23c. 1	NAME OF CEA			ORY	23d, LOC/ CITY OR	ATION		COL	UNTY	ST	ATE
L		Burial		9/4	1/80	K	ing Men	oria			Balt	timor	e Co	Mo	1.		
1	24. FL	NERAL DIREC	TOR		ADDRESS			M. C		25a. DATE RI			25b. REC	GISTRAR'S	SIGNATU	JRE	10
	TA	m C Mai	cch F/H		1101 E	OM S	rth Asse	enne	200	SEP	3 19	180	pe	appropri	TEN	my	

MASO TO SUPPRINCE THE PROPERTY OF SUPPRINCE so wasterface of Obet in the

WELL BOOK OF THE STREET, AND ASSESSED ASSESSED AND ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESSEDANCE ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESS i start reddin 'Sensi a Rotten, dr. 1912 - Starte Di and that where a limit of the state of the s Makeur Lander, Local Local College and Lander

1-	STATE REGISTRAR		MED	ICAL	EXAMINER'S	CERTIF	ICATE O	F DEA	SHU ,	EG. NO.	1 0	0	Ö
	PE OR PRINT)	GEORG:	T-7	LAN	- 44.25	CATTE	19 14 5		20. DATE KNO	WN X MON			Zb. HOUR
				THIN		SAULT		7917	OF EST DEATH MAT		15		м
3. SE	nale (white	S. DATE OF BIRTH DAY	YEAR		UNDER 1 YR.	HOURS		PRONOUNCED DE AD	MOM 8		YEAR 80	3:56
7a. E	OREIGN COUNTRY)	E OR	76. CITIZEN OF WHA	AT COUN	TDV2	RRIED N	EVER MARRI	ED 🔯	9. BALTIMORE	-	UNTY OF DE		
	New York		U.S.	Α.	WID	OWED [DIVORCE	ED 🗆	Howard				MD.
	Columbia		HOWAT OF	TAL, NUE	esing home, or chereal Ho	THER INSTIT	NOITU	FOR M	AL OCCUPATION OF WORKING LI	N (TYPE OF WO	ORIN	OF BUS NOUSTRY Ob j	
13o. :	STATE	13K COUNT		13c. CITY	OR TOWN	13d. INSIDE	CITY LIMITS?		EET ADDRESS				
	alifornia	Unkno	wn	Occi	denta1	YES 🗌			30 Joy R	oad	95465		
14. F	ATHER'S NAME		MIDDLE		LAST		HER'S MAIDE FIRST	NAME	MIDDLE	No. 1	LAS	ī	
	Harry				ult		lian	1/23			xenhan		1/1/2
160	WAS DECEASED I	VER IN U.S. ARM (IF YES, GIVE V	NED FORCES? VAR OR DATES)		IAL SECURITY NO.	17. INFOR	RMANT		AD	DRESS Sc	arsdal	e, N	.Y.
	No			125	-30-9294	Har	ry Sau	ılt	24 Runy	on Pla	ce	105	83
	18. CAUSE OF	DEATH (Enter only	y ane cause per line f	ar (a), (b)	, and (c).)		= 17				APPR	OXIMATE II	NTERVAL IND DEATH
	PARTIDEA	H WAS CAUSED		ntrav	renous nar	cotism	n				DE. WEE		DUAIN
	1304	/		AS A CON	SEQUENCE OF	41-59				4-5-6			
		if any, which	(b)										
	cause (a) st	ta immediate ating the <u>under-</u>	()	SACON	SEQUENCE OF								
	lying cause	last.	(0)										
	PART 2 OTHER SIGN	FICANT CONDITIONS C	ONTRIBUTING TO OEATH BL	IT NOT RELAT	IEU IU IHE LESMINAL OIC	ACE OR CONOUT	IUN CIAEN IN BTO	PT 1 (a)					
Z			THE PERSON NAMED IN COLUMN PORT OF THE PERSON NAMED	or not keld	ICO TO THE TERMINAL UIS	INDE UK CUMUIII	ION GIVEN IN PAR	AT [(Ø).					
ATIC	19a, DATE OF O	PERATION	119b CONDITIO	ONFOR	WHICH OPERATION	WAS PERFO	RMED?		-		28 ALI3	OPSV2	
CERTIFICATION											ABD	OMEN X	ONLY
ERT	210 EXTERNAL	CAUSE WAS	21b. TIME OF	NJURY	216	HOW IN ILIP	Y OCCUPPE	D LENTER N	ATURE OF INJURY IN	ITEM 18 PART 1 O) IAI	NO []
	UNDERLYING		HOUR A.M.		DAY YEAR		JCCORRE	12	The second second second				
MEDICAL	21d. INJURY OC	CURRED	P.M. 21e. PLACE OI	FINITIPY	19	OCATION							
ME	WHILE	NOT WHILE	STREET, FACTO			STREET			CITY OR TOWN		COUNTY		STATE
	AT WORK	AT WORK				DOMEST	ONTV						
	220. I certify	that I taak charge	af the remains descr	ribed aba	ve, held an Au	DOMEN	Inspection		Inquiry .	and in my	y apinian		
	death resulted	fram: Nature	al causes X	Accident	, Suicide		nicide .	Undete	rmined manner				
		Λ	0 -		, , , , , , , ,		(SPECIFY)	2.10010					
	ACTUAL SIGNATURE	M	1200	^			sistant	t MED	CAL EXAMINER	DA	TE 8-	19-8	0
		/ /	w M he	. 1/	D	ж.б.				SIC	SNED		
	EXAMINER'S NA	ME 4 An	n M. Dixor	п, М.	Д.	ADDRESS.		Penr	ı st.				
23o. E	BURIAL, CREMATIC		b. DATE	23c. N	AME OF CEMETERY			23d. LO	CATION		COUNTY		
R	emova1/B	urial	08-22-80		Sharon G				1halla V			Y.Y.	t
	UNERAL DIRECTO	70		-			250. DATE R		REGISTRAR 258				
Н	ubbard F	uneral F	Md ADDRESS	410	7 Wilkens	Arra	Δ110	2 9 0	1980	Kirkne	Mach	ools	
			TILL &	710	, "TTVEILS	41 VC .	1 400	1 6/1	JOH !		- VV		



	6		FOR STATE REGISTRAR				STAT MENT OF H EXAMIN	EALTH		ENTAL		\$ H 0	REG. I	2	0	6	9
			CEASED NAM	E FIRST		MIDDLE			LAST			2a. DATE H	(NOWN	XX MONTH	DAY	YEAR	2b. HOUR
1	A 102 5	(,,,	e on ration)	Janet		В.		St	ulliva	an		OF DEATH	ESTI- MATED	□ 8	12 19	, 80	,
1	U	3. SEX	emale	4. RACE White	July 30,	1933	6. AGE (IN YEA LAST BIRTHDA 47	Y) MONTH		HOURS	R 24 HRS.	2c. DATE PRONOUN DEAD	CED	MONTH 8	12	80	ig 4
	LONER WITH WITH PRES	7a Bl	RTHPLACE (5 REIGH COUNTRY) ON YOUTH	TATE OR	76 CITIZEN OF WH	USA	TRY?	8. MARRIE	ED NE	VER MARE	RIED	9. BALTIMO How		OR COUNT		ATH	МГ
2	PAGE 5 PER PLIED, W. PAGE 5 PE		Columb:		II. NAME OF HOST (HE NOT IN SUCH FACE Howard	PITAL, NUE GUITY, GIVE ST Count	RSING HOME,	orothi ral l	Hospi	tal	FORA	AL OCCUP HOST OF WORK	ING LIFE)		OR II	NDUSTR'	ranc
1201	RETAIR RETAIR	USU A	AL RESIDENCE	(IF IN NURSING HOME OF 13b. COUNT HOW	R OTHER INSTITUTION, GIV IY ard	13c. CITY	BEFORE ADMISSION OR TOWN		13d. INSIDE (ITY LIMITS?		EET ADDRES	shed	Lane			
E, MD. 2	S 45 8.	J	ATHER'S NAME		MIDDLE P.	Ве	yser		15. MOTHE	R'S MAID IRST Janet			DDIE		Be	mish	
ALTIMOR	TH FORM AGES 1 AN	16a. V	VAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. ARA	AED FORCES? WAR OR DATES)		28-353	100	Char		Culliv	olumb: ran 8		Haysh	21045 ed La	ne	
A ST., BA	ENE, DIV		18. CAUSE C	ATH WAS CAUSED	y ane cause per line BY: Ar E CAUSE (a)	for(a),(b) teric	ond(c).) osclero	tic (Cardi	ovasc	ular				APPR	OXIMATE I	NTERVAL AND DEATH
RESTOR	ENCIL IN ITI			ns, if any, which	DUE TO, OR	AS A CON	SEQUENCE C	F					h I				
301 W. F	RAL			stating the under-	< 1-/	AS A CON	SEQUENCE O	F									
CORDS,	"PENDING" IN FE MEDICAL SED AS A BUR SED AS A SED AS A SED A S	NO	PART 2 DTHER SI	GNIFICANT CONDITIONS C	DNTRIBUTING TO DEATH B	UT NOT RELA	TED TO THE TERMI	NAL DISEASE	DR CONDITIO	N GIVEN IN P	ART 1 (a).						(A)
OF VITAL RECORDS,	20 子当生 : //	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR V	WHICH OPERA	V NOITA	AS PERFOR	MED?	3,1				2(160) YES	dy c	nly)
ONOFV	THE WORLD THE CHORD THE CHORD BE USEN TO BE USEN TO BE USEN TO BURIAN	AL CER	UNDERLYING	CAUSE WAS OR OG CAUSE OF D			DAY YEAR	21c. HC	W INJURY	OCCURR	ED (ENTER N	NATURE OF INJU	JRY IN ITEM I	IB PART 1 OR P	ART 2)		
DIVISION	VRITING ARDED T GE 3 SH TE DEPA	MEDIC	21d INJURY		21e. PLACE O STREET, FACTO		(AT HOME,		CATION			CITY OR TOW	IN	co	YTHUC	74	STATE
9	FORWARDED THE STATE OF THE STATE OF ND. 21201 PRICE		22a. I certi	y that I taok charge	e of the remains desc	ribed obo	(body ve, held on Suid	Only	X Homic	Inspection		Inquiry		ond in my o	pinion		
	HE CERTIFICATION HE CERTIFICATION HOULD BE FOR AL DIRECTOR H, WITH THE		ACTUAL SIGNATURE	1	Tue	w	<u>.</u> , sol	ide L.,	TITLE (S	PECIFY) stant	-	ICAL EXAM		DATE		12-8	30
40.034	NERA NERA OF A ORE,		EXAMINER'S (TYPE OR PRI	NAME Hor	mez R. Gu	ard,	M.D.		ADDRESS_	11		nn Str		SIGN			
5	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	B	urial	TION,REMOVAL 23	8/16/80		St. Te:	ETERY OF	CKRMAIS		CITY	CATION ORTOWN		COL	New '	York	TE
	DHMH - 17 /R A15 ME (5)) 15M 7/77	24. FU		n Knolls	M. & Russ Road Co			ke F. 2101		25AVG	REC'D BY	980 RAF	25b. RE	ASTRAR'S	SIGNATUR	7	

The second secon			3		22.3	
The form of the constitution of the constituti						
Junic Commission Corectal Monthly Corect	THE PROPERTY OF THE PARTY OF TH					3 3 3
III darent dans 183; Herendelling and June 1944. The electric decrease willyou 2007 develor form Ancest selectric decrease blacese (Level) (Level) (Level) (Level)		23		ANT.		WO 1 177
The control of the co	or all renines		Los Tonell En	3.000 TIME		3 Smiller
TOT 21-3 TO CHARLES WILLIAM SERV Mysers Land Land Charles Disease Land Service of the Charles Disease Charles	=3.61,				4.24.4	(01
Constitution in the second control of the se	50.24KS		1412 J	Manage III		nosts.
Constitution in the second control of the se	numi herayali	78-39 mm. 17:	รอโซเกร	0000_19_000		
		0030 1 3.25	013	000		
		orsough estar), 3	0.00.79.79		
-11		orsould eslet	000	3.26.79.79		
SI-AI-S SHEET SHEE		orsould eslet				
SUBJECT LA COURT DE LA COURT D						
SUBJECT LA COURT DE LA COURT D						
To long the second of the seco						
	E - 2.7 - 3		uni.			

(VRA 15, 4) 1/79

M

motive that

Stres contract like

Mary Area Form P. Willia 2015

-5 Leddines Other 2 (31)

Morested County

HOTEL H. Mirror hard Uniquities 24 Millicoto City and Strategical and the control of the control

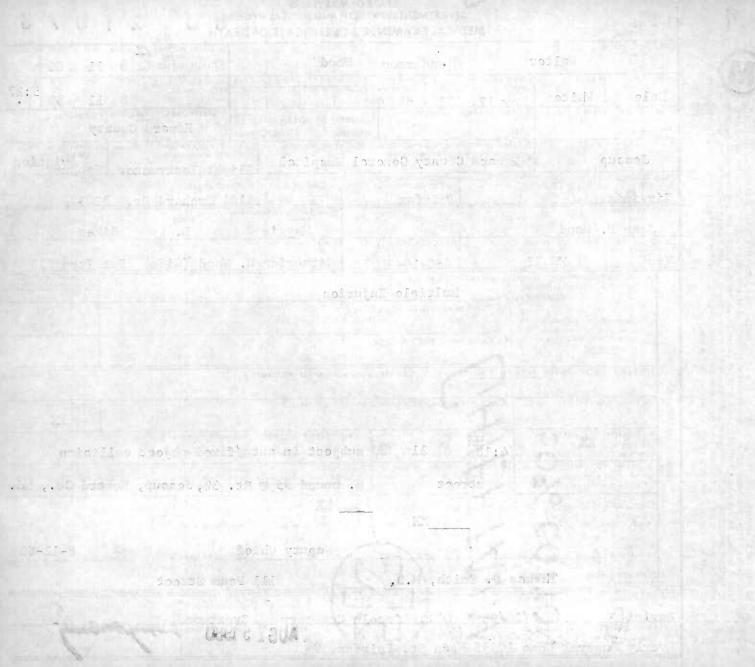
Witzke Catonsville Funeral Home, P.A. 21228

(VR A 15 (4))

2.0	1		STATE OF MARYLAND	4 4-	.6 4 35 89 45
39	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	0 0	210/2
		REGISTRAR		REG. NO.	
oy be oge 3 death		OR BBUTT HOME	BENJAMIN WESTON	20. DATE OF DEATH MONTH	SO YEAR 2b. HOUR P.
you pog	3. SE		4. RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
ector, profession of the state	3. 52.	MALE	WHOTE 3-75-13		MONTHS DAYS HOURS MIN.
من المحادث	,7a. BI	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	UNTY OF DEATH
M 35		140	WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
	11	AUDBIINE	(IF NOT IN SUCH PACILITY SIVESTREET POORESS)	(TYPE OF WORK FOR MOST OF WORK	INDUSTRY FIRM
be be		AL RESIDENCE (IF MURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	~ ~
ARYLAND 2120 I within 24 hours pletely filled in in nd 2 should be fill against mout be a		MD HOW	MAND WOODBINE YES NO DO	7675 17	DALSY KID
ARYLA d within pletely nd 2 sh	14. 54	THER'S NAME	15. MOTHER'S MAIDEN NA	ME WIDDIE	LASID OF
A S E C	14- 1	AS DECEASED EVER IN ILS ARE	MESTON SESSIONAL SECURITY NO. 12 INFORMANT	ADDRESS	01665
IMORE, be execut on ond co	(1	VAS DECEASED EVER IN U.S. AR/ es, no or uninowy) (IF YES, GIVE	WAR OR DATES 71305 1725 MARY	L. (ROGER	
		18 CAUSE OF DEATH (Enter on	ly one couse per line for 197, (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d ST., BAL certificate ng physici rbon poper r remavol.		PART I. DEATH WAS CAUSED	ECAUSE (0) Mardino failure		
		11 nas		1)
he death ce te offending motion, or r r froumotic		7171	DUE TO, OR ASA CONSCOUENCE OF	LANDAIM! 1/	DADNED A LION
REST dea nove otior troun		Conditions, if any, which gove rise to immediate	(b) arisioscurous ///	muanua 13	granula
#		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	: salprahio	
on w			(c) Announced from	GUNDANIA	
iree in p bun p	z	PART 2. OTHER SIGNIFICANTE	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART T(o)
ORD requ	1 등	Mino	nic felmas sauluse	Inc. AUTORCY? Inc.	IF YES, WERE FINDINGS USED
low re low re s been s prior s ony ii	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OF RATION WAS PERFORMED		CERTIFYING CAUSES OF DEATH?
TALR icion.				YES NO	YES NO
> Z > 001 0	E E	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		RED (ENTER NATURE OF INJURY IN ITE	EM 18, PART 1 OR PART 2)
ON OF IYSICIA ding ph is certifi burial-th Mental	SAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19		
My Mir	MEDICAL	21d, INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OFFICE, PARM, ETC.)		
a esta		220.1 certify that (I) (this haspit	ol) opended the deceased from 11Me , 19 //	2 , to 3/ allq	, 19, that (I). (we) lost
A ATTENIA hospital RECTOR: ed for us pt. of He		sow the deceosed olive on obove, (I) (we) (did) (did no	n) when the hardwatter depth on the standard of the standard o	deoth occurred on the day an	d hour and from the couses stated
R Al hosp hed hed them them		22b. SIGNATURE	DEGREE	/ //	22c DATE SIGNED
0 4 0 00		mili Oliana	A FOLLAND MYSO ATTENDING	MEDICAL STAFF	31/9/10/90
ERA BY ANT	-	77d PRYSICIAN'S NAME LIVE OF	THE COUNTY IN THE STATE OF THE	J DIRECTOR E PHYSICIANT	Di Congres
POR the Port		WM.J. BY	YSON, MD. NOUTRIN	JE, MA.	. 0
		BURIAN CREMATION REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATES
BP	-	- June	19-3-80 MEADOWRIDGE	F DECID BY DECISTBADISE DE	HOW! MID!
DHMH - 16 25M (VR A 15 (4)) 9/74	12	MIRAL DIRECTOR DE	DA RANGO ADDRESS AND	SEP 8 1980	perfery / towards
110 10 10 19 1 7/14	A	July XI. M	vience source		

Shill hill 8938 THE LANGE CONTRACTOR OF THE PARTY OF TH

7	11.	FOR STATE			DEPARTMENT C	FHEALTH	H AND MENTAL H	IYGIENE.	()) 1	0 7	1
	1.	REGISTRAR		M	EDICAL EXAM	NER'S	CERTIFICATE O	F DEATH	REG. NO.	-	0 /	0
		CEASED NAM			WIDOLE		LAST	2e. DAT	E KNOWN XX	MONTH	DAY YEAR	2b HOUR
	(11	PE OR PRINT	Walte	r	Henderso	n W	lood	OF	H MATED		1 19 80	
	3. SE	Х	4. RACE	S. DATE OF BIRTH			NDER 1 YR. IF UNDER		TE	нтиом	DAY YEAR	
	M	la1e	White	Nov 17.		YRS. MONT	HS DAYS HOURS	MIN PRONO		8 1	1 1980	2d. HOUR 5:27 P • M
		IRTHPLACE (S	TATE OR	76 CITIZEN OF V	VHAT COUNTRY?	8. MARR	HED NEVER MARRI	P. BALT	IMORE CITY OF	_	OF DEATH	
		exas		USA		WIDOV			Howard	Count	у	MD
	10 C	ITY OR TOWN		11. NAME OF HO	SPITAL, NURSING HO	ME, OR OTH	HER INSTITUTION	12a USUAL OCC	UPATION (TYPE	OF WORK 12	L KIND OF BE	USINESS
		Jessu			County Ge		Hospita1		Instruct	tor (OR INDUST	ition
		AL RESIDENCE	(IF IN HURSING HOME C	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADM	ission)	134 INSIDE CITY LIMITS?	13e. STREET ADD				
	V	irginia			Fairfax		YES NO		chard Dr	c. 27	2032	
1	14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE		MIDDLE		LAST	
		John H					Maggie		L.	Sik	ces	- 6
ı	()	res, no, or unkno	D EVER IN U.S. ARA	WED FORCES? WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			4
I	Ye	es	WW]		456-10-0	1907	Catherine	D. Wood	(Wife)	See	Item #	13
		18. CAUSE C	F DEATH (Enter on	ly ane cause per lin	ne far (a), (b), and (c).)						APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
		015		re CAUSE (a)	Multiple		ies			111111		
)	6/3	ns, if any, which	DUE TO, O	R AS A CONSEQUENC	E OF						
		gave ri	se to immediate stating the under-	(b)	2.40.4.00.400.400.400							
		lying cau		DUE TO, O	R AS A CONSEQUENC	E OF						
		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO OFAT	H BIST NOT BELATED TO THE T	COMMAN OFFAC	E OR CONDITION GIVEN IN PAI					
	Z		em textit controller	CONTRIBUTING TO GENT	BOL HOL KEEKLED TO THE T	CABINAL DISEAS	E OR CONDITION SIVEN IN PAI	KI I (d).				
	¥	19a. DATE OF	OPERATION	19h COND	ITION FOR WHICH OF	ERATION W	/AS PERFORMED?				20. AUTOPSY	?
	FF			1 To 1							YES XX	NO 🗆
7	CERT	210 EXTERNA	L CAUSE WAS	21b. TIME C	MONTH DAY YE	21c. He	OW INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT 1 OR PART 2		
	MEDICAL CERTIFICATION	UNDERLYING	S MOR NG ☐ CAUSE OF E	DEATH 4:18	M. 8 11 10	80 su	bject in au	ito/fixed	dobject	coll	ision	
	EDI	21d. INJURY C		21e. PLACE	OF INJURY (AT HOME,	21f LO	CATION	CITY CO		-		
	2	AT WORK	NOT WHILE	X	treet	N.	bound 95	Rt. 32	Jessup,	Howa	ird Co.	, Md.
		22a. I certi	fy that I took chara	s of the remains di	ricribed above held or		Kerke			in my apini		
)		death result		former .	Ascident XX	Suiteide	Homicide	Undetermined		my opini	- 3-17	
		440.00	////	/	100-	1	TIME (SDECIEV)					
		ACTUAL SIGNATURE.	1/1/	musel	1/200s	M	Deputy Ch	nief MEDICALEX	AMINER	DATE SIGNED	8-1	2-80
7		EXAMINER'S	NIAME TO			1				5.0		
		(TYPE OR PRI			Smith, M.D.		ADDRESS	ll Penn S				
	23a.B	URIAL, CREMA	TION, REMOVAL I	SE DATE	23c. NAME OF	EMETERY O	R CREMATORY .	23d. LOCATION		COUNTY	4/13	TATE
	Bu	rial		8/14/80	Ft. Li	ncoln	Cemetery	Dronter	boo.		Md.	Bury
		HAME	mercet his	Grandle	all	100	AUG!	15 1980 T	RAR 256 DE OU	A SALE	The same	4.
	E	erly N	uneral Ho	me 10565	Main St.	Fairfa	ix, VA				Arc.	. 14



		STATE REGISTRAR			CERTIFIC	ATE OF DEATH		REG. NO.			* *
1		EASED NAME FIRST	MID	OLE	LAST		2a. DATE OF D		DAY	YEAR	2b HOUR
	(TYPE	Lillian	Gert	rude	Zai	ser		08	12	80	A
3/1	3. SEX		4 RACE		5. DATE OF E		6 AGE IN YEAR	RS LAST BIRTHDAY)		DER 1 YEAR	IF UNDER 24 HRS
		Female	White		12 -	27- 06 YEAR	73	Y	RS.	DAYS	HOURS MIN
24	7a BIR	THPLACE (STATE OF FOREIGN	76 CITIZEN OF WE		8 MARRIED (NEVER MARRIED	9 BALTIMOR	E CITY OR COL	JNTY OF D	EATH	
5		Maryland	U.S.A	-	WIDOWED [M DIVORCED		ard Cou			MD
00		Y OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING	G HOME OR (OTHER INSTITUTION	12a USUAL O	CCUPATION OR MOST OF WORK	ING LIFE) IN	b. KIND OF	BUSINESS PA
00	_	lumbia		rry's Dr			Asst.	Manager	r S	choo1	Cafete
35	130 S	ryland Ho	JNTY 113	ve residence before a le CITY OR TOWN Ellicott	V 113	INSIDE CITY LIMITS?	13e STREET AL	ontgome	ry Rd	. 210	43
130	14 FA	THER'S NAME Charles	WIDDLE	altemeye		MOTHER'S MAIDEN NA FIRST Unknown		WIDDLE	Н	azlet	t
1	16a W	AS DECEASED EVER IN U.S. A		SOCIAL SECUR		INFORMANT		ADDRESS			21044
1	(1)	NO OR UNKNOWN) (IF YES, G	2	20-30-34	77 E	velyn Nolan	; 6024 .	Jerry's	Dr.;	Colu	mbia, M
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ATE CAUSE (a)	1100	YOU	-u. (un	1 (-) (0	agring		w	ul.
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR A	S A CONSEQUEN				0			
	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR A (b) DUE TO, OR A (c) (CONDITIONS CON	IS A CONSEQUEN	NCE OF						
	IFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR A (b) DUE TO, OR A (c) (CONDITIONS CON	IS A CONSEQUEN	NCE OF	OT RELATED TO THE TERA WAS PERFORMED	200 AUTOP	SY? 20b. I	IF YES, WEI	RE FINDING	GS USED OF DEATH?
9	0	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR A (b) DUE TO, OR A (c) T CONDITIONS CON 196. CONDITION 216. TIME OF I HOUR A.M.	AS A CONSEQUEN TRIBUTING TO DE DIN FOR WHICH C	NCE OF EATH BUT NO OPERATION V		200 AUTOP	20b. I IN C	IF YES, WEI ERTIFYING YES	RE FINDING CAUSES C	GS USED
	CAL	Conditions, if ony, which gove rise to immediate cause io, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR A (b) DUE TO, OR A (c) 19b, CONDITIONS CON 19b, CONDITIO	IS A CONSEQUEN TRIBUTING TO DE DON FOR WHICH CO NJURY MONTH DAY	NCE OF EATH BUT NO OPERATION V Y YEAR 19	WAS PERFORMED	200 AUTOP	20b. I IN C	IF YES, WEI ERTIFYING YES M 18, PART 1 C	RE FINDING CAUSES C	GS USED OF DEATH?
9-9	MEDICAL	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE STATEMENT OF THE STA	DUE TO, OR A b)	TRIBUTING TO DE TRIBUTING TO DE DN FOR WHICH C NJURY MONTH DAY INJURY FACTORY, OFFICE, FAR	PEATH BUT NO OPERATION V Y YEAR 19 IRM, ETC.)	WAS PERFORMED IT HOW INJURY OCCUR IF, LOCATION STREET About in (my) (auch opinion	200 AUTOP YES RED (ENTER NATU	SY? 20b. IN C	IF YES, WEI ERTIFYING YES M 18, PART 1 C	OR PART 2)	GS USED OF DEATH? NO STATE hot (I) (lost ouses stated
99	MEDICAL	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENT CAUSE OF DIFFERENT COURSED WHITE NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED SOW the deceased olives obove, (I) I we) (did (did right) 22b. SIGNATURE	DUE TO, OR A (b) DUE TO, OR A (c) 19b. CONDITIONS CON 19b. CONDITIONS 19b. CONDITIONS	TRIBUTING TO DE TRIBUTING TO DE DN FOR WHICH C NJURY MONTH DAY INJURY FACTORY, OFFICE, FAR	PEATH BUT NO OPERATION V Y YEAR 19 2 ARM, ETC.) DEC	WAS PERFORMED IT HOW INJURY OCCUR IT LOCATION STREET Light in (my) (auert opinion GREE ATTENDING PHYSICIAN [200 AUTOP YES RED (ENTER NATU	SY? 20b. IN CINC. RE OF INJURY IN ITEM CITY OR TOWN on the date and	IF YES, WEIERTIFYING YES M 18, PART I C	RE FINDING CAUSES CONTRACT 2)	GS USED OF DEATH? NO STATE hot (I) (lost ouses stated
99	MEDICAL	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEFINITION CONTRIBUTING AUSE OF DEFINITION CONTRIBUTION COURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK AT WORK STATE WORK 220. (b) (did fidid right) 22a. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE Ralph E. Ut	DUE TO, OR A (b) DUE TO, OR A (c) 19b. CONDITIONS CON 19b. CONDITION 19b	TRIBUTING TO DE ON FOR WHICH CO NJURY MONTH DAY INJURY FACTORY, OFFICE, FAR deceosed from 19	PEATH BUT NO OPERATION V Y YEAR 19 22 RM, ETC.) DEC	WAS PERFORMED IT HOW INJURY OCCUR IT LOCATION STREET That in (my) (aury opinion GREE ATTENDING PHYSICIAN [20 ADDRESS Wilkens & P	200 AUTOP YES RED (ENTER NATU to deoth occurred MEDICAL DIRECTOR	SY? 20b. IN COME OF INJURY IN ITEM EITY OR TOWN on the date and STAFF PHYSICIAN [IF YES, WEIF YES A YES	DUNTY Trom the care.	GS USED OF DEATH? NO STATE that (I) (I) lost auses stated SIGNED
99	MEDICAL	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (#F EITHER, NOTHEY MEDICAL EXAMINE AT WORK NOTHER AT WORK Sow the deceosed olive obove, (II) are 1 did (Idid 1722b. SIGNATURE	DUE TO, OR A (b) DUE TO, OR A (c) 19b. CONDITIONS CON 19b. CONDITION 19b	TRIBUTING TO DE ON FOR WHICH C NJURY MONTH DAY INJURY FACTORY, OFFICE, FAR Jeceosed from 19 Jer deoth.	PEATH BUT NO OPERATION V Y YEAR 19 2' RM, ETC.) Z AME OF CEM	WAS PERFORMED II. HOW INJURY OCCUR III. LOCATION STREET A TO STREET ATTENDING PHYSICIAN [2e ADDRESS 7	200 AUTOP YES RED (ENTER NATU deoth occurred MEDICAL DIRECTOR ine Hei	SY? 20b. IN COME OF INJURY IN ITEM EITY OR TOWN on the date and STAFF PHYSICIAN [IF YES, WEIF YES A YES	DUNTY from the co	GS USED OF DEATH? NO STATE that (I) (I) lost auses stated SIGNED

AND A PARTY OF THE made of the same of the The state of the s